

LAND-DISTURBING PERMIT
GILMER COUNTY, GEORGIA

Date _____ **Permit #** _____

Applicant _____ **Phone:** () _____

Address _____ **City** _____ **State** _____ **Zip** _____

Landowner (If Not Applicant) _____ **Phone:** () _____

Address _____ **City** _____ **State** _____ **Zip** _____

Project Description

Project Conducted By _____ **Certification #** _____

Directions

Tax Assessors Map Code Number _____

Tax Commissioner Approval _____ **Date** _____

***This Permit Is Valid For One(1) Year From Date Of Issuance**

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROVISIONS OF THE GILMER COUNTY EROSION AND SEDIMENT CONTROL ORDINANCE , AND THAT I ACCEPT FULL RESPONSIBILITY FOR CARRYING OUT ALL PRACTICES OUTLINED IN THE ORDINANCE AND FUTHER RECOGNIZE THAT I AM SUBJECT TO POSSIBLE PENALTIES SETFORTH IN THE ORDINANCE FOR ANY VIOLATION.

I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF GILMER COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

Applicant Signature _____ **Date** _____

Land Development Officer _____ *Date Issued:* _____

Acreage _____

Fee _____